

ISSUE SLIP STAPLE AREA (for additional cross references).

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA		09/18/01
O.I.P.E. CLASSIFIER			519
FORMALITY REVIEW		986	06/08/01
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	9/18/01
2	✓	✓	9/18/01
3	✓	✓	9/18/01
4	✓	✓	9/18/01
5	✓	✓	9/18/01
6	✓	✓	9/18/01
7	0	0	0
8	0	0	0
9	✓	✓	0
10	0	0	0
11	0	0	0
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
15	✓	✓	✓
16	✓	✓	✓
17	✓	✓	✓
18	=	=	=
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24	=	=	
25	✓	✓	
26	0	0	
27	0		
28	0		
29	0		
30	0	5	
31	✓		
32	✓	0	
33	✓		
34	✓		
35	✓		
36	✓		
37	✓		
38	✓		
39	✓		
40	✓		
41	0	0	
42	✓		
43	✓		
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45	✓		
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Form PTO-43
(Rev. 6/93)

If more than 150 claims or 10 actions
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